

**UNITED STATES DISTRICT COURT
Northern District of California
450 Golden Gate Avenue
San Francisco, California 94102**

www.cand.uscourts.gov

Richard W. Wieking
Clerk

General Court Number
415.522.2000

December 17, 2007

Clerk
U.S. Court of Appeals
For the Ninth Circuit
P.O. Box 193939
San Francisco, CA 94119-3939

CASE NUMBER: CV 07-05201 MJJ

CASE TITLE: JONATHAN LEE RICHES-v-ANDERS

USCA Case Number:

Dear Sir/Madam:

Enclosed is the **Notice of Appeal and Certificate of Record** in the above captioned case. Please acknowledge receipt on the enclosed copy of this letter and return it to this office.

Sincerely,

RICHARD W. WIEKING, Clerk

by: Sheila Rash
Case Systems Administrator

cc: Counsel of Record

07-17336



UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT
NOTICE OF APPEAL NOTIFICATION FORM
Please Fill Out Completely

December 17, 2007

CASE INFORMATION:

Short Case Title: JONATHAN LEE RICHES-v- ANDERS

Court of Appeals No. (leave blank if a unassigned

U.S. District Court, Division & Judge Name: San Francisco division ~ Judge Martin J. Jenkins

Criminal and/or Civil Case No.: CV 07-05201 MJJ

Date Complaint/Indictment/Petition Filed: 10/11/07

Date Appealed order/judgment entered 10/26/07

Date NOA filed 12/11/07

Date(s) of Indictment

Plea Hearing

Sentencing

COA Status (check one):

☐ granted in full (attach order)

☐ denied in full (send record)

☐ granted in part (attach order)

☐ pending

Court Reporter(s) Name & Phone Number: n/a

Magistrate Judge's Order? If so, please attach.

FEE INFORMATION

Date Docket Fee Paid:

Date Docket Fee Billed: 12/11/07

Date FP granted:

Date FP denied:

Is FP pending? ☐ yes ☐ no

Was FP limited ☐? Revoked ☐?

US Government Appeal? ☐ yes ☐ no

Companion Cases? Please list:

Please attach copy of any order granting, denying or revoking FP.

COUNSEL INFORMATION (Please include email address)

Appellate Counsel:

Appellee Counsel:

see docket sheet

no appearance

☐ retained ☐ CJA ☐ FPD ☐ Pro Se ☐ Other ***Please attach appointment order.***

DEFENDANT INFORMATION

Prisoner ID:

Address:

Custody:

Bail:

AMENDED NOTIFICATION INFORMATION

Date Fees Paid:

9th Circuit Docket Number:

Name & Phone Number of Person Completing this Form: Sheila Rash

(415) 522-2099